Ending the Document Game: Connecting and Transforming Your Healthcare through Information Technology

Commission on Systemic Inter-operability under the Department of Health and Human Services, October 2005; http://endingthe documentgame.gov/report.html

The primary thrust of *Ending the Document Game: Connecting and Transforming Your Healthcare through Information Technology* is that the use of technology in patient record-keeping significantly reduces medical errors that are due primarily to lack of access to patient health-care information and missing information in patient records.

The very readable and accessible report covers five topic areas: 1) the problem and the solution, which discusses the problems associated with a paper-based system and the benefits of an "interoperable" system; 2) the healthcare delivery system, which focuses on the impact of a digitized healthcare delivery system; 3) consumers, which articulates the benefits of the system for consumers; 4) existing efforts, which documents legislative, government and private efforts in this area; and 5) recommendations that impact all the major stakeholders in the healthcare system. There is also an executive summary. Each section is downloadable separately from the Web, which allows the reader to access exactly the part of the report that is most relevant to them.

According to the report, a recent study showed that

80% of errors were initiated by mis-communication, including missed communication between physicians, misinformation in medical records, mishandling of patient requests and messages, inaccessible records, mislabeled specimens, misfiled or missing charts, and inadequate reminder systems.

The authors of the report argue that much of these errors are due to the current paper-based system that predominates in our healthcare system. Patients, therefore, become the main keepers of their own medical histories, and these histories must be retold at each encounter with a new provider. As stated on page 112, "Your life should not depend on your ability to memorize." Reliance on the patient for critical information means that there is often error, redundancy, omissions and imprecision in patient records. Furthermore, the paper-based system has problems such as lag time between communication, duplication of tests, missing or inaccurate information, miscommunication (including the misreading of illegible handwriting) and conflicting prescriptions from different providers that can often lead to unnecessary expense, injury and death.

Another major concern is the lack of security/confidentiality presented by paper-based record-keeping systems. These systems are difficult to track; difficult to access across providers; and require communication by phone, fax and e-mail—unlike technology-based systems that allow users (both patients and providers) to access records and communicate by secure line. Lastly, analyzing data in paper-based records is a difficult, time-consuming process that threatens validity and reliability due to errors and inaccuracies.

To address these issues, the commission proposes an interconnected system of healthcare information systems that will be accessible by patients and healthcare providers and will promote convenience, confidentiality, access and quality of care. The authors describe this system as an interoperable system.

As a member of an HMO that has adopted one of more than 300 projects that the report states are underway nationwide, I greatly appreciate the significant improvement in efficiency and accessibility that my
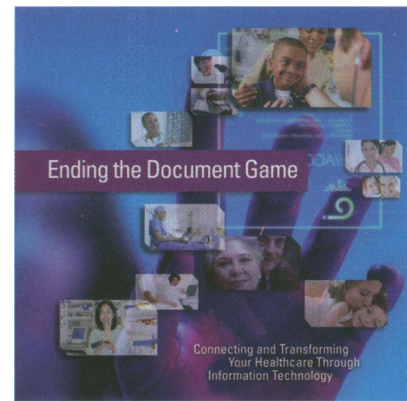
technology-based system provides. Through this system, I make appointments, communicate with my providers, track test results over time and order refills of medication that are delivered to my door at no extra cost. My providers can access my records, send e-mails to colleagues about my care and make detailed notes that I can later access at home—no more calls about test results or to make an appointment, no slips of paper to take from the doctor to the laboratory, no long list of questions, no writing furiously to get every word from my doctor's mouth. Instead, she prints out her notes in detail and I take them home. This includes detailed information on any prescribed medications.

The authors of the report convincingly argue that in a time when people are banking through technology and much of the world is operating using technology-based systems, the use of paper-based records reveal a problematic inefficiency and ineffectiveness in medical care in the United States—one that is not based in a lack of resources but a lack of will.

The thorough and comprehensive report presents a cogent and detailed proposal of the benefits of a national interoperable system to the overall healthcare system, users and providers—emphasizing always that lives will continue to be lost unnecessarily should we not follow the recommendations put forth.

The main recommendations focus on adoption of a technology-based system, regulatory reform,

connectivity, workplace issues, standards and certification, and public awareness. The report states that "Information technology promises to bring about an extraordinary transformation in healthcare" (page 114). Given the very expensive high-tech tools used in the healthcare systems of the United States, it is time that their system of healthcare delivery also becomes digitized to reflect the technology revolution that seems to be passing it by.

This is a must-read for consumers, who need to pressure their providers to get on board the technology ship; providers who want to learn about how to go about implementing a digitized system of delivery; and particularly for administrators whose job it is to improve efficiency and effectiveness and reduce the costly and often fatal errors that are part of a now-arcane paper-based system of healthcare delivery.

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Becoming a Physician: A Complete & Definitive Resource for Aspiring Minority Students

Eric Schlueter, MD; Winnsboro, SC: Black America Press, www.blackamericapress.com; ISBN 0-9749331-0-1

When I was first presented with a copy of this book from Black America Press, it caught my attention because my wife's family is from nearby Blythewood, SC and Winnsboro (where Black America Press is located) is where they go shopping. I was somewhat puzzled as to what to

expect from a practitioner in such a small community about such a broad and important topic. I was intrigued as to how the author came to settle in such a small community after his training at two of the most illustrious institutions in the country—Brown University and Case Western School of Medicine. This information can be obtained from his website, www.blackamerica-press.com.

Schlueter does an amazing job of weaving into the fabric of the book the story of the history of African Americans in medicine from time immemorial to the present, through historical vignettes interspersed throughout the book in such a manner as to accentuate the enveloping chapters. The book is very well organized and sequentially structured and is important to high-school students as well as college students, although the emphasis is on the latter. In chapter I, I applaud the inclusion of information about the osteopathic medical schools as an alternative for underrepresented minorities (URMs) as they are becoming more recognized throughout the country, including large HMOs such as the Veterans Administration, and chiropractors (who are not covered in this book).

Young readers should take note of the high level of sophistication in medicine achieved in the Motherland as reflected in the talents of the slaves who were captured and brought to this country. Onesimus, a slave in Boston in 1721, described to Cotton Mather how Africans used fluid from small-pox vesicles to inoculate the healthy from the disease; thus, the beginning of the concept of inoculation that is the stalwart of public health disease prevention throughout the world today.

Chapter II, "The High School Years," provides invaluable information, especially for URMs who do not have parents with college-level experience and may not be able to help them with planning to the extent necessary to be successful in this process. So this book should be in every high-school library, and individual copies should be given to
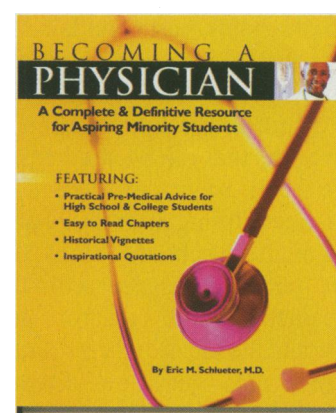
promising students by local National Medical Association (NMA) chapters, individual physicians or other civic groups. This could become an erstwhile project for NMA central. I would only add that students should know that medical schools select largely from among science-oriented schools so if a student is leaning in this direction, he or she should pick a science school over a liberal-arts- or teachers-college-type institution.

Chapter III and IV are very well done and need no amplification from me. The advice about the MCAT procedure is quite specific, and I would only add that students *must* take one of the two preparatory courses, Kaplan/Princeton, even if they have to borrow money to do so. A large number of Caucasian students in the top 20% of their class take this test, and many take both. I have contended for years that an eight-week course cannot really make you any smarter than 3.5 years of intense college studies, but it does help you organize the information in your database and trust your answers.

In Chapter VI, "Choosing a Medical School," I come to my first and only disagreement with Schleuter, and I really think that he merely mentally transposed the level of training when he made the statement that the curriculum at HBCUs tends to focus on diseases of disparity that wreak havoc on the health of minority populations, when, in reality, he was referring to their mission statement in terms of their research and residency training programs. All